Early Childhood Relationship Support Project

Summary of Activities July 1 to November 30, 2004

Prepared for the Learning Conversation at the Placer Children & Families Commission December 9, 2004 <u>Outcome</u>: Children are in supportive relationships with primary care givers and are able to demonstrate emotionally appropriate behavior.

<u>Performance Measure:</u> Demographics (number of 0-5 served by gender, age, and when services were provided).

- 268 Children, aged 0-5 years, were served by the ECRSP in the past 5 months.
- Of those children, 11 were served directly (indirect services were through consultation services to the parent/family or with another provider).

Table 1: Number of Children in Direct Service by Age and Gender

Age	Number of Males	Number of Females
Less than 1 year	0	0
1 year	2	0
2 years	1	1
3 years	4	0
4 years	2	1
5 years	0	0

- Of the children served, 82% were Caucasian, 9% were Hispanic, and 9% were Biracial.
- The average length of service for children was 7 months. Most children were served for at least 8 months.

<u>Outcome</u>: Children are in supportive relationships with primary caregivers and are able to demonstrate emotionally appropriate behavior.

Performance Measure: PIRGAS & ASQ-SE

<u>Table 3:</u> PIRGAS Ratings and ASQ-SE Scores for Dyads & Children in Direct Service

DYAD/CHILD	PIRGAS 1	PIRGAS 2	ASQ-SE 1	ASQ-SE 2
1		79	85	40
2	45	72	35	50
3	50	59	100	30
4	48	77	80	20
5	50	78	120	65
6	50	62	45	25
7	70	82	30	10
8	70	80	55	35
9	60		90	
10	45			
11	30			

PIRGAS

- 90% of dyads with PIRGAS ratings were rated as having a "Tendency" towards a relationship disorder at the onset of therapeutic intervention (10%, or 1, was diagnosed with a relationship disorder).
- Of the dyads with repeat observations, 86% of their relationship ratings improved over the course of treatment. 29% moved into the "Adapted" relationship category.

ASQ-SE

- Of the children with repeat ASQ-SE scores, 50% had Social-Emotional development scores in the "Refer for Evaluation" category at the onset of therapeutic intervention. Of those children, 100% moved out of the "Refer..." category.
- 88% of children increased their ASQ-SE scores over the course of treatment.

<u>Outcome</u>: Children who are not eligible for categorical services will have access to early childhood mental health services.

<u>Performance Measure:</u> Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds.

- A Sliding Scale Fee for Service schedule has been established and will be implemented by February of 2005 (See Appendix A).
- A Medi-Cal billing procedure has been established with the CSOC and will be implemented by February of 2005.
- A private insurance billing procedure is being established (with consultation/training from PEACE for Families) and will be implemented by February 2005.

<u>Outcome</u>: A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.

<u>Performance Measure:</u> Post training survey, roster of trainers who are implementing the model.

- A Reflective Consultation Group has been established, currently with 4
 trained professionals who are implementing the model (see Appendix B).
 This core group will meet with mental health supervisors from collaborative
 agencies in January 2005 to discuss ways to include other mental health
 professionals in the group.
- The Infant Toddler Systems Action Workgroup (ITSAW) has met on a monthly basis. It has begun the "Training of Trainers" process with direct service personnel from around the county (see Appendix B).
- The full Training of Trainers model will be implemented through the Early Childhood Training Institute (planned to begin in the Spring of 2005). The ECRSP will have at least 20 Trainers attending the Institute. See Appendix C for an outline of the model.

<u>Outcome:</u> A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.

<u>Performance Measure:</u> Service delivery policy and MOU's with collaborative partners.

- The ECRSP's service delivery policy has been modified in a number of ways (see Appendix D):
 - The referral process has been changed to more easily bring referring providers into the consultation process.
 - The services menu is in the process of being changed to include more short-term consultation and referral. This change will enable the ECRSP to meet the needs of a larger number of families with children aged 0-5 years.
- MOU's with each of the collaborative agencies are in the process of development. One is complete (see Appendix E for a completed sample).

<u>Outcome:</u> The percentage of money used for direct services now funded by First 5 will decrease by ten (10%) percent.

Performance Measure: Non First 5 funds received and used in direct services.

• Planned fee for service, insurance, and Medi-Cal billing procedures to be implemented in February of 2005 will decrease the percentage of money used for direct services that are funded by First 5 (see above outcome).

Sliding Scale Fee Schedule

Household Size & Net Income Level				Sliding Scale Fees	
Individual or			Family of	\$90.00 per \$45.00 per	
Family of	Family of	Family of	Five or	Session	Session
Two	Three	Four	More		
				Consultation	
Net Income	Net Income	Net Income	Net Income	with	Client
(Amount	(Amount	(Amount	(Amount	Individual,	"No
reported by	reported by	reported by	reported by	Family, or	Show"
client family	client family	client family	client family	Provider	Fee
on most	on most	on most	on most		
recent federal	recent	recent	recent		
income tax	federal	federal	federal		
return).	income tax	income tax	income tax		
	return).	return).	return).		
Less than	Less than	Less than	Less than	\$10	\$ 5
\$11,999	\$14,999	\$17 <i>,</i> 999	\$20,999		
\$12,000 -	\$15,000 -	\$18,000 -	\$21,000 -	\$20	\$10
\$19,999	\$29,999	\$39,999	\$39,999		
\$20,000 -	\$30,000 -	\$40,000 -	\$40,000 -	\$35	\$15
\$27,999	\$37,999	\$47,999	\$57,999		
\$28,000 -	\$38,000 -	\$48,000 -	\$58,000 -	\$45	\$20
\$35,999	\$45,999	\$55,999	\$65,999		
\$36,000 -	\$46,000 -	\$56,000 -	\$66,000 -	\$55	\$25
\$43,999	\$53,999	\$63,999	\$73,999		
\$44,000 and	\$54,000 and	\$64,000 and	\$74,000 and	\$90	\$45
over	over	over	over		

Rosters:

Reflective Consultation Group:

Michelle Winkel, MFT Bonnie Wagner, LCSW Melissa Sipolt, MFTI Michael Rahilly, Ph.D.

<u>Agency</u>
ECRSP, facilitator
PIDP
PCAC
ECRSP
PCOE
ECRSP
SELPA
PEACE
PCOE
ALTA
PIDP

Early Childhood Training Institute Training of Trainers Model

The purpose of the Training of Trainers model is to infuse Early Childhood Mental Health principles and practices into the work with children and families in Placer County. The program will bring together multi-agency and multi-discipline trainees to create a broader base of knowledge in Early Childhood Mental Health across the county.

Preliminary Curriculum Ideas: Target start of Spring 2005

- Promotion: Basic Principles of Early Childhood Mental Health, Brazelton's Touchpoints
 model of Early Childhood intervention, ECMH methods of working with children and
 families, Attachment principles, Strength-based approaches to working with children
 and families.
- Preventive Intervention: Trauma Recognition and Referral, Assessment
 Observation and Recognition Skills, Childcare Consultation, Working Effectively with
 Parents, Attachment Interventions, Maternal Depression, Regulation Issues, Special
 Needs.
- Therapeutic Intervention: Diagnosis, Floortime/DIR model, Watch, Wait & Wonder, Video Micro-Analysis and Feedback.

Outcomes:

Trainers will create a long-term provider community that will support ongoing skill building and practice in Early Childhood Mental Health. Trainers in all three tiers will feel competent in sharing this information with their agency co-workers and will receive support from the RSP clinicians in doing so.

- Upon completion of the **Promotion** phase, trainers will understand and be able to train others about: the central importance of early relationships on brain development; learning; the overall emotional-social well-being of all young children; and about how to promote positive interactions within the home, child care, early care, intervention, and community settings.
- Upon completion of the Preventive Intervention phase, trainers will understand and be
 able to train others in: how to recognize relationship challenges or vulnerabilities, their
 impact on early development, and be able to offer specific intervention strategies to
 prevent further difficulties and nurture more positive and mutually satisfying
 relationships.
- Upon completion of the Therapeutic Intervention phase, trainers will understand and be
 able to train others in: how to recognize attachment, relationship, and/or early mental
 health difficulties and disorders. The trainers will recognize the contributions and
 interplay between the child and significant caregivers within the relationship. They will
 also recognize the importance of offering specialized services for relationship issues.
 Trainers will build clinical skills in working with children and families, including
 treatment strategies that focus on improving the relationship, the overall functioning of
 the family, and the mental health of both the parent/significant caregiver and the child.

EARLY CHILDHOOD RELATIONSHIP SUPPORT PROJECT SERVICES OUTLINE

- County-Wide Systems Change
 - o Early Childhood Training Institute
 - ITSAW
 - Training of Trainers
 - o Policy Steering Committee
 - o Consultations with Organizations
- Consultations with Service Providers
 - o Regarding Work with Clients (in general)
 - One-time (phone or in-person)
 - Short-term (contracted)
 - o Regarding a Specific Family & Child
 - One-time (phone or in-person)
 - Short-term (contracted, 2-3 sessions)
 - Social-Emotional Assessment (contracted)
 - 2-3 months
 - Written Report
 - o Developmental (ASQ)
 - Social-Emotional: ASQ-SE, PIRGAS, behavioral & clinical observation, temperament.
 - Suggested Interventions
 - Intermittent Ongoing Consultation as needed
- <u>Therapeutic Intervention</u>
 - o Relationship-Based
 - Child-Led Play
 - Floortime
 - Watch, Wait & Wonder
 - Video Analysis & Feedback
 - o Fee for Service
 - o 3 months maximum
 - Intermittent Ongoing Consultations as needed

CONSULTATION REFERRAL PROCESS Outline

1. Initial Contact Regarding Client

- a. Obtain Request for Consultation, Times for Consultation, and Authorization to Share Information
- b. Discuss Referral with Provider to Understand
 - i. Reason for the referral (behaviors)
 - ii. Provider's concerns & understanding of meanings
 - iii. Provider's understanding of Parent(s) concerns & meanings

2. Scheduling Consultation

- a. Fit into Times for Consultation (finalize with Provider)
- b. Site should be either Home or Provider's Site

3. Consultation

- a. Explain desired process of Consultation (as outlined below)
- b. Discuss the reason for the referral (behaviors)
- c. Listen to Parent(s)' concerns & understanding of meanings
- d. Listen to Provider's concerns & understanding of meanings
- e. Discuss Social-Emotional Assessment Process & determine if Parent(s) Agree to the process
- f. If Parent Does Not Agree:
 - i. Discuss Possible Referrals & Interventions (if desired)
 - ii. Discuss Possible Future Consultations (if desired)
 - iii. Close with Parent(s)

g. If Parent Does Agree:

- i. Review & Sign Assessment Consent form
- ii. Schedule Home Visits & Site Visits

Early Childhood Relationship Support Project

Consultant/Contact Record

Date		Agency Name	ition		
Name	and Tit	ele of Person Met With	Agency Director/S	upervisor	Team Recorder
<u>Check</u>	k One:	☐ Direct Service☐ Provider Capacit		•	Strengthening ns Change
	Const Information Group Preve Assess Observed	ing ult mal Promotion p Presentation ntion Intervention (sment (discussions to rvations	was a client progress determine need for a	•	
Who	was pro	esent? i.e. Parent, sta	off, community mer	mbers	
How	many a	attended?	Adults	Cl	nildren
Comr	ments (anecdotal, content, re	esponse)		

MEMORANDUM OF UNDERSTANDING

PURPOSE:

This Memorandum of Understanding (MOU) represents an agreement between the Early Childhood Relationship Support Project (ECRSP) and Placer County SELPA. This MOU will be in effect from July 1, 2004 through June 30th, 2005. The purpose of this agreement is to set forth terms and conditions by which the partner organizations will work together to provide Early Childhood Mental Health services to families and children in Placer County through the ECRSP. This relationship is established in good faith and trust. Each party will consult with the other prior to taking any action that would materially and substantially affect the agreement.

Roles & Responsibilities of: Placer County SELPA

- 1. As a part of the ECRSP collaboration, Placer County SELPA will provide \$34,000 to support the project for fiscal year 2004-2005.
- 2. Collaborate in consultations with the Early Childhood Relationship Support Team to identify and provide prevention/intervention services for at risk behaviors that might impede the social-emotional development of young children enrolled in Placer County SELPA programs.
- 3. Provide fees of \$45 per hour to the Early Childhood Relationship Support Project for consultation services provided to Placer County SELPA.
- 4. Participation at the Policy Steering Committee level by the director or an authorized middle management representative as a part of the governance of the Early Childhood Relationship Support Project (bi-monthly meetings).
- 5. Participation at the Infant Toddler Systems Action Workgroup (ITSAW) level by the designated direct service provider representative and by the designated middle management representative (monthly meetings).
- 6. Participation in training through the Placer Early Childhood Mental Health Fellowship by SELPA's designated employees (at least one management and one direct service employee). Also, provide fees for the training of these employees (\$300 for management, \$750 for direct service).

Roles and Responsibilities of: Early Childhood Relationship Support Project

The Early Childhood Relationship Support Project (ECRSP) will provide Early Childhood Mental Health (ECMH) services for families with children birth to five and to the community providers who serve this population. These direct services will include relationship-based services in all the natural settings where children spend their day (community and home). Services to community service providers will include utilizing a reflective supervision and training of trainers consultation model. The goal will be to provide opportunities for consultation and support to infuse ECMH principles into each provider's scope of work.

• Provide a coordinated collaborative promotion, prevention, and intervention system to build to capacity early childhood mental health services in Placer County. The project will promote positive, asset based relationship services. These services will include the following:

1. Promotion:

- a. Design and offer the Placer Early Childhood Mental Health Fellowship training to at least two of the Placer County SELPA personnel.
- b. Facilitate the Policy Steering Committee, Infant Toddler Systems Action Workgroup, and Reflective Case Consultation meetings to promote systemic change in participating agencies' service delivery based upon the Early Childhood Mental Health principles.

2. Preventive Intervention

- a. Consult with Placer County SELPA providers regarding referrals of program families. Consultation services may include: phone, two- to three-hour on-site, and/or assessment services determined on a case-bycase basis.
- b. Consult with Placer County SELPA personnel regarding issues relating to Early Childhood Mental Health.
- c. Provide written assessments of children's social-emotional development in participant families referred by Placer County SELPA.

3. Therapeutic Intervention Services

- a. Provide relationship-based treatment, for a maximum of three months, for children and families who are at risk of a relationship disturbance.
- b. Provide ongoing consultation with Placer County SELPA referring providers regarding families after direct preventive intervention and/or treatment services have been terminated.

Evaluation:

Parties to this agreement will actively participate in the project's evaluations to assess the implementation of the project and the impact on the children, families, and community service providers – to help ensure that the project is meeting the families' and agencies' needs.

Confidentiality:

All parties agree to protect the confidentiality of families and staff according to the regulations of each agency, appropriate regulatory agencies of the State of California, FERPA, and federal HIPAA guidelines. All parties will request that families sign an ECRSP Authorization to Release Information form before sharing information across collaborative agencies.

			4 .			
		ra	Ŧ1	Λ	n	•
.,	ш	1 4	LI	₹,		•

This agreement shall be in effect from July 1, 2004 through June 30, 2005.

Signed:		
Authorized Placer County SELPA	A Representative	
	Date:	
Signed:		
<u> </u>	ationship Support Project Representativ	'e
	Date:	